STATE OF MARYLAND



MARYLAND BOARD OF NURSING 4140 PATTERSON AVENUE BALTIMORE, MARYLAND 21215-2254

(410) 585-1900 (410) 358-3530 FAX (410) 585-1978 AUTOMATED VERIFICATION 1-888-202-9861 TOLL FREE

Name/Address Change Form

How do I change my name with the Board?

You must submit an official record of a name change (i.e. marriage certificate/abstract, divorce decree/dissolution, court record indicating name change) within sixty days of the change. Submit your document with a "Name/Address Change Form" (attached) which includes your Maryland license/certification number, your previous name, your new name as you want it to appear on Board records, and your current address.

Will I receive a license with my new name on it?

No. The Board no longer issues paper licenses or certificates. However, once your name has been updated, it can be verified on the Board's website. Click on the verification link located on the menu of the Board's home page www.mbon.org.

How do I change my address with the Board?

Address changes must be submitted in writing within sixty days of the change. To submit address changes by mail, fax or e-mail, you must submit the attached Name/Address Change Form with documentation include your name, license/certificate number, address including county, and telephone number. Please submit as follows:

Mail: Maryland Board of Nursing

4140 Patterson Avenue Baltimore, Maryland 21215

Fax: Attention: Name & Address Change Department

(410)358-3530 (RN & LPN's)

(410)764-8042 (CNA, CMA, CMT, MA)

E-Mail: mdbon.support@maryland.gov

You must submit the attached "Name/Address Change Form" and supporting documents.

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NAME AND ADDRESS CHANGE FORM- CHECK APPROPRIATE BOX (BOXES)

	NGE INSTRUCTIONS- me request must be accor		ocuments) Tone of the items listed below:		
• Div	rriage certificate/abstract orce decree-must show n art record indicating chan		ng requirements notated and judge'	's signature	
A change of ad	HANGE INSTRUCTION Idress request must be accorded or State Driver's Licens	companied with a copy	nil documents) of one of the items listed below:		
Previous Address:				_	
			Code:	_	
it. Please print- must be	ur Maryland license/certif		record will be updated exactly as y ecurity Number:	-	
Previous Name:	Last	First	Middle	_	
New Name:	Last		Middle	-	
Address:				_	
City:	Sta	te:	Zip Code:	-	
County:	ounty: Telephone Number:				
Signature:			Date:	_	

Please allow 5-7 business days for a name or address change to be updated